

B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of children born, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS.		CERTIFICATE OF BIRTH.	
County of <u>Yuma</u>	District of _____	Register No. <u>414</u>	Ter. Index No. <u>38</u>
Town of _____	City of _____	St.; _____	Ward) _____
FULL NAME OF CHILD <u>Albert Keefe</u>		Born <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If child is not named, make Supplemental report on blank obtainable from local registrar.			
Sex of Child <u>M</u>	Twin, Triplet or other <u>1</u>	and Number in order of birth <u>7</u>	Legitimate? <u>Yes</u>
Date of Birth <u>June 2nd</u>		19 <u>09</u>	
FATHER		MOTHER	
Full Name <u>John Keefe</u>	Residence <u>Globe</u>	Full Maiden Name <u>Ada Keefe</u>	Residence <u>Globe</u>
Color or Race <u>W</u>	Age at last Birthday <u>40</u> (Years)	Color or Race <u>W</u>	Age at last Birthday <u>36</u> (Years)
Birthplace <u>Ireland</u>	Occupation <u>Miner</u>	Birthplace <u>Mo</u>	Occupation <u>Housewife</u>
Number of child of this mother <u>7</u>		Number of children, of this mother, now living <u>7</u>	
Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 2, 1909, at 10 P. M.

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) B. G. Barry

(Attending physician, midwife, householder. *)

Given or christian name added from a

supplemental report _____ 19____

Filed June 5 1909

Address Globe

B. G. Barry M.D.

LOCAL REGISTRAR.

Filed June 28 1909

B. G. Barry M.D.

COUNTY REGISTRAR.

COUNTY REGISTRAR.

125-622-125